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Original Communications.

IRRIGATION IN A RECENT WOUND.

BY CHARLES HERVEY HUNT, M.D., STANWOOD, IOWA.

CHARLES A. P., who was yard-master of the railroad at this place, while attempting to jump upon the pilot or cowcatcher of an engine, had the misfortune to slip, bringing his foot between the pilot and the rail. The space in which the foot was caught, was afterward ascertained by running the engine over the same place, and was found to be about three-fourths of an inch. The foot, upon examination, presented the appearance of a foot that had just come from under a trip-hammer. The bottom of the foot was burst open from the ball of the heel to the great toe, so that all the metatarsal bones, and the tendons, could be seen. The ball of flesh under the first toe was split off. Branching off from the main rent, was one that extended up between the fourth and little toe to the top of the foot, then across to the inside of the foot.

Fortunately, no bones were broken, except a piece from the metatarsal of the small toe at its articulation with the phalanx. The patient was put under the influence of an anæsthetic, and the wound was cleansed of blood and dirt, and dressed in the regular manner. As soon as the effects of the anæsthetic were gone, the pain returned with great severity. Anodynes did not seem to have any effect. At this point, the use of cold water occurred to me. A large tub was brought in with a pail of water drawn from the bottom of the well. The bandages were nearly all removed, leaving the adhesive straps so that the water could come in contact with the flesh. A thin cloth was laid over the foot, and upon this the water

was poured in a stream, about the size of a pipe-stem. Within a few moments the pain began to abate, and in twenty minutes the patient was resting easy. This was kept up all night, and on my visit in the morning, the pouring of the water was still going on. Whenever it was stopped for a few moments, the pain returned, and the relief obtained by the use of the water was so great, that the patient would not allow it to be stopped; and agreeable to his wish, it was kept running night and day for one week, when its use was discontinued, as the pain had nearly ceased.

There was no sloughing, and the discharge was small. The swelling was not more than one-third as much as there would be in such a wound where other means are used, and it did not extend above the ankle. After the use of the water was discontinued, the ordinary dressing of carbolized oil was used. The recovery was rapid, and the foot, with the exception of a partial stiffness in the first toe, is as good as ever. I have found but little said in our text books on surgery, upon the use of water in wounds, fractures, dislocations or sprains. In these cases, it seems to me that the great object to be obtained is, the prevention of the congestion of the parts, which is followed by swelling and exudation, and I know of nothing that will do it more effectually than cold water applied continuously. A little ingenuity on the part of the physician, will be all that is necessary for the making and arranging of apparatus for holding and conveying water to the part. I believe with the professor who says, "give us plenty of fresh air," but give us also, plenty of cold water.

A CASE OF SUPPOSED HERNIA PROVEN BY POST MORTEM TO CONTAIN BILE AND PUS.

BY U. P. STAIR, M.D., BLACK EARTH, WIS.

H. M. W. died on April 8th, 1875, of what was diagnosed to be cancer of the stomach. He had, during the latter years of his life, a small, fluctuating tumor in the epigastric region, about half way between the umbilicus and the ensiform cartilage, This enlargement was about the size of a large almond, and at times it gave to the touch a sensation as though it contained air mixed with liquids. Several physicians who examined it pronounced it a hernia, but what its contents were remained a mystery. An autopsy was held on the 10th ult. There were present Drs. Field, of Sun Prairie, Wis., U. P. Stair, of Black Earth, T. F. Stair, of Mazomanie, and J. B. Stair.

Two incisions were made, following the lower margin of the ribs, beginning at the epigastrium, intersected by another drawn from the latter point to the pubis. When the two triangular flaps were thrown back so as to disclose the stomach, it appeared to

be a complete mass of cancerous growth. Upon closer inspection it was found to extend from the pyloric orifice of the stomach around the greater curvature to the spleen, involving that organ with the pancreas, duodenum, and passing through the coats of the stomach, thus uniting these organs into one combination of carcinomatous formation. The stomach was, of course, very much contracted in size by the deposit in its walls, especially throughout the greater curvature. The pylorus was almost entirely closed. From the peculiar character and consistence of the tumor, it was decided to be a cancer of the colloid variety.

The gall-bladder was largely distended, showing that there was obstruction to the free passage of bile. The *round ligament* (umbilical vein in the fœtus) which extends from the notch in the anterior border of the liver to the umbilicus, was found to be strongly adherent to the abdominal tissues at the site of the tumor above mentioned. It was also pervious and filled with bile. The adipose tissue beneath the cuticle in this situation was found largely infiltrated with biliary pigment, a condition not detected upon any other part of the body, showing that it must have been communicated in *some* way through the parietes of the abdomen in that circumscribed locality.

It might be well to state that one point of diagnosis, in the supposition that it was hernia, was the peculiar crepitation caused by the presence of air and liquids. Dissection proved that there was, indeed, liquid contained therein. Air was doubtless present as well. Where did it come from? That the round ligament was hollow and pervious was plainly revealed by section, and also that it contained bile and pus, as did the sac of the supposed hernia. Now could it be possible that air could arrive at and occupy the sac with these liquids from the duodenum by means of the gall-ducts?

Circumstances prevented minute dissection of the tissues in the region of the gall bladder and ducts.

QUADRUPLETS.

NOTES FROM PRACTICE OF J. J. SCHNECK, M.D., MT. CARMEL, ILL.

WAS called at 10 A.M. May 2, 1875, to attend Mrs. Silas Andrus; a woman somewhat below the medium size; sandy complexion; aged thirty-eight years; eighth accouchment; American; and was given the following history:

She had regular menstrual returns until the first of December, 1874, the last three times not being in normal quantity; felt motion for the first time about the first of February, 1875; had felt as well as usual when in the pregnant condition, but thought herself much larger than in previous pregnancies at the corresponding stage.

At 5 A.M., labor pains commenced; at 11 A.M., the first child (a female) was born; and in twenty minutes, a

male child was expelled; both vertex presentations. Efficient labor pains now ceased until 1½ P.M., when, after the administration of 1½ drachms of fl. ex. ergot, in three doses, one-half hour apart, and abdominal friction, pains again commenced, and a third child (female) was born; followed by a male child in fifteen minutes; both podalic presentations.

In a few moments the placenta was passed; this was of an oblong shape, and attached to it were four umbilical cords, in as many separate sacs, which were variously adherent to one another as they approached the placental surface. The children are all of about the same size and weight, weighing near two pounds each, and have the appearance of having reached between the seventh and eighth month of fœtal life. The first child born lived twenty-four hours; the other three died within thirty minutes of their respective births.

Neither of the parents have any near relatives that have had plural births.

Translations.

CLINICAL THERMOMETRY.

FROM THE "COMPENDIUM DER NEUEREN MEDICINISCHEN WISSENSCHAFTEN," BY DR. B. KRAUS.

Condensed and translated by Dr. H. Gradle.

PRECAUTIONS TO BE OBSERVED IN THE APPLICATION OF THE THERMOMETER.

ON resorting to the axilla as place of application, the gathered perspiration must first be removed, and the skin dried. If now the axilla be firmly closed, the time in which the mercury reaches its highest point, is, as Liebermeister has shown, reduced to three or four minutes. The supine position is not indispensable, as long as the patient is in a position permitting of proper application and inspection of the thermometer, though it is often preferable. The instrument is now slightly warmed by grasping with the hand, hereupon inserted, and the axilla closed by pressing the arm against the chest; if the patient is restless or somnolent, or even much emaciated, it may be necessary to support the instrument with the hand, or at least to observe that it is kept in place. The mercury reaches its acme rarely under ten minutes, sometimes not before twenty minutes. If precision is desired, it may be necessary to allow the thermometer to remain in place for a few

minutes, even after the maximum is attained. Duclos considers the temperature indicated by the thermometer as correct, if it remains stationary in a uniform external temperature; a rather hazardous statement, as the animal temperature may change steadily. Alvarenga keeps the instrument in place for fifteen minutes, and registers the temperature three minutes after the mercury ceases to rise. ("Grundzuege der allg. klin. Thermom. etc.," von Dr. P. F. Alvarenga. Aus dem *Portug. Uebers.*, von Dr. O. Wucherer, 1873.)

On measuring the temperature in the vagina or rectum, the well constructed, *oiled* thermometer ought to be introduced to the distance of about six centimetres. Thomas advises to heat the instrument previously to a temperature 1° to 2° above the point to be expected, enabling one to obtain a practically correct result in one-fourth to one-half minute.*

It is, of course, necessary to note all previous accidents which may have influenced the temperature, as violent pain, vomiting, defecation, hæmorrhage, perspiration, etc. Nor can we neglect to take record of the time of the day at every observation; an observation, however, of the external temperature, and atmospheric tension is not necessary for practical purposes. In summary, our data are only reliable if the thermometer adapts itself well to the parts explored, all cooling influences are avoided, the instrument is kept in place for twenty minutes, and the degree only noted sometime after the maximum has been attained.

* Of course, not applicable with self-registering instruments.

NUMBER AND TIME OF THERMOMETRIC OBSERVATIONS.

Under ordinary circumstances, it is advisable to register the temperature of different days at nearly the same hour, repeating this twice daily, preferably between 7 and 9 A.M., the time of the maximum, and 4 and 6 P.M., the period of minimum temperature. But if exacerbations and remissions occur at another time, the observations ought to take place accordingly.

In important cases, or when a special object is sought, the temperature must be registered every two to four hours, as in severe acute diseases, especially at first, in order to ascertain the time of exacerbations, besides in cases of doubtful diagnosis, or when deviations from the usual course occurs; in short, whenever anything strange is observed. If it is merely desired to follow accurately the course of the temperature in any disease, four to six observations should be made; for instance, at 7 to 8, 9 to 10 A.M.; 12 M.; 3 to 4, 6 to 7, 10 to 11 P.M.; and whenever any irregularity occurs, another observation may be made early in the morning.

When sudden changes of temperature occur in a disease, for instance, at a rapid crisis, or in intermittent fever, hourly, half-hourly, or still better, continuous record will illustrate the changes. This, however, cannot be demanded in private practice, but is necessary when the laws of a disease are to be determined.

GRAPHIC RECORD OF TEMPERATURE.

For the utilization of any sort of thermometric observations, it is indispensable to note the continuous record; but in order to take in the

course of the temperature at one glance, the graphic method is by far the best; in other words, the construction of tables giving the thermometric course in form of a curve.

In order to facilitate the reading, the table may be divided into the degrees of both the centigrade and Fahrenheit scale; the tables may be rendered more complete by the construction, also, of curves, of the frequency of the respiration and pulse, in different inks. If now important accidents, therapeutic measures, etc. are noted at their proper place, a complete history of the disease is thus obtained. (Here follows a description of the graphic tables of Duclos, Wunderlich and Alvarenga, with illustrations, for which we must refer to the original.)

PHYSIOLOGICAL TEMPERATURE AND ITS OSCILLATIONS.

The oscillations of temperature in the normal state are altogether minimal, and whether spontaneous or caused by extraneous influences, are always transitory. Whenever a deviation occurs in either direction, the corresponding reaction is not slow to appear. According to Wunderlich, the normal oscillations rarely exceed one-half degree C. in any one individual; in fact, this *stability of temperature is ordinarily a sign of health.* The same authority considers a temperature above 37.5° C. (99.5° F.) or below 36.25° C. (97.25° F.) as suspicious. Crampton probably was incorrect when he stated that a daily temperature of 99° F. or more indicated disease. Possibly, this may hold good for London. At any rate, Alvarenga found a good many individuals in Lisbon, who fared well at that temperature, or if subject to disease, the latter was of a chronic nature. Whenever the production of animal caloric is increased in the normal body, a corresponding augmentation of the loss does also occur, and besides the production itself is diminished for some time; if, however, the latter is depressed too much, the losses are correspondingly reduced; and again, if these are too low, the production of heat decreases likewise, while, if the opposite occurs, an augmentation of production is the result. As long as the body is in a state of health, every disturbance of this nature remedies itself.

The variations of temperature are, according to Alvarenga, either general or local, the mean normal temperature being 37° C. (98.6° F.) But while investigators do not all agree as to this number, the difference is extremely slight. Thus Davy states 37.33° under the tongue, 37° C. in the axilla; Despret, 37.9°; Roger, 37.2° in children; Wurtz, 37°, and in the axilla, 36.54°; Baerensprung, 37.8°; Billroth, 37.5° as average, and the limits from 36.3° to 37.9° in two hundred observations; Chisholm, 36.11° (average of sixty-seven individuals); Froehlich and Lichtenfels, 36.9°; Mignon, 37°; Robert Latour, 36.5° to 37.5° (average 37°); Maurice, 36.20°; Hardy, 36.5° to 37.5°, and in early childhood, 37.1°; Compton, 97.4° F., limits 95.5° to 98.5°; Hirtz, 36° to 38°; Anfrun, 37° to 37.5°; Wunderlich 37°, limits 36.25° to 37.5°; Jaccoud, 37.2° to 37.5°; Alvarenga, 37.27°.

Henry Roger found the following average in nine children: At birth, 36.14°; first to seventh day, 37.08°; four months to six years, 37.11°; six to fourteen years, 37.31°; which was an

average of 36.91° from birth to the fourteenth year, and from 37.2° to 37.17° from the first day until that period.

The temperature of internal organs is also yet a matter of dispute; Davy, Breschet and Bequerel consider the temperature increasing as the circulatory centre is approached; the warmest place being the left ventricle (Davy); but according to Cl. Bernard, the blood of the left ventricle is colder than that of the right side of the heart.* The skin is the coldest part of the body, on account of the constant loss by radiation and evaporation. According to P. Beer, its temperature varies between 32° and 37° C. Martin found the cutaneous temperature over the abdomen, 28° to 30° R. (95° to 98.5° F.); over the chest, 26.4° to 27.1° (91.4° to 93.2° F.); in the hand, 23.2° to 29.6° (84.7° to 98.6° F.); and at the foot, 16° to 27° (68° to 93° F.) Marey, Donders, and others claim that the internal temperature rises when the external temperature sinks, and *vice versa*.

The normal temperature may vary, though within narrow limits, according to different circumstances.

The influence of age can be seen from the following table by Baerensprung:

At birth, 37.08°; after birth, 36.95°; within the first ten days, 37.55°; until puberty, 37.63°; from 15 to 20 years, 37.39°; from 21 to 30 years, 37.08°; from 31 to 40 years, 37.11°; from 41 to 50 years, 36.94°; from 61 to 70 years, 37.09°; from 80 years, 37.46°.

The time of the day also is of some influence: during the day time, an increase; during the night, a decrease occurs. From a diurnal table by Baerensprung, we abstract the following:

The highest temperature of adults is observed in the afternoon, a few hours after eating, from 4 to 8 P. M.; the lowest after midnight, from 2 to 4 A. M. (36.31°); from 12 to 2 P. M. the temperature ranges at 36.65°; from 5 to 7 A. M. at 36.69°; the average from 12 P.M. to 7 A.M. being 36.55° C. The first maximum temperature occurs in the morning from 9 to 11 A.M. (37.26°); the second in the afternoon from 4 to 6 P. M. (37.26°); the first minimum is noticed at 5 to 7 A.M. (36.60°); the second, 8 to 10 P.M. (37.03°). From 7 A.M., the temperature rises until midnight, with the exception of a slight reduction before dinner, to sink again until 5 A. M., when a very slight increase is observed until breakfast.

Besides age and time of day, an influence is also claimed for the external temperature, the climate, and the seasons, but its exact value is not yet determined. Some claim that the temperature is about one degree higher in tropic countries; others (Edward) found no difference, not even any between summer and winter. An external temperature of 212° F., was not observed by Blagden to be of any influence on the animal heat. Another factor is muscular activity; but Baerensprung found that *cæteris paribus* sleep did not alter the human temperature, which Alvarenga explains by the absence during sleep of circumstances abstracting heat. A reduction in the quantity or quality of food results in a reduction of temperature, but only after the lapse of a few days. Sex, constitution and temperament, are not known to influence animal temperature in any manner.

[*To be continued.*]

* Bernard's researches are entitled to most consideration.

GLEANINGS FROM THE GERMAN.

BY DR. H. GRADLE.

ON INTRODUCING NEEDLE ELECTRODES INTO THE HEART OF A DOG.

VULPIAN (*Arch. de Phys.*, 1874, p. 975–80) found the induced current to produce muscular tremors in both ventricles, changing, after four to five minutes, into fibrillary contractions until, after the further lapse of three to four minutes, a permanent diastolic arrest occurred. The result was the same, if the current had a duration of but one to two seconds, and it was not prevented by the use of chloral or curare. After the occurrence of the diastolic arrest, the cardiac muscle did not react to any excitation, direct or reflex. Neither section of the vagus, nor its paralysis by atropine, altered this result, which occurred also if only one electrode was inserted into the heart, the other being placed on some point of the cutaneous surface. Only on the use of weak currents did the irritability of the heart return. From this Vulpian concludes that the electric stimulus produces a spasm of the ventricles, preventing them from responding rhymthically to the impulses from the cardiac ganglia. This spasmodic contraction soon exhausts the irritability of the muscle. Vulpian therefore cautions the reader as to the feasibility of employing this method as means of resuscitation in man in cases of sudden syncope, for instance, from the use of chloroform.—*Centralbl. f. Chir.*, No. 15, 1875.

Desormeaux resorts to nitrate of silver after evacuation of the fluid in hydrocele, by introducing a stick of that substance through the canula of the trocar, and cauterizing the tunica vaginalis at several places. He claims a prompt inflammatory reaction, comparatively little pain, and perfect safety of the procedure. Also Maisoneuve and others are said to employ this method.—*Revue de Therap. Med Chir.*, 1875, No. 4.—*Centralbl. f. Chir.*, No. 15, 1875.

ALTERATIONS OF SENSIBILITY IN ARTICULAR RHEUMATISM AND THE ELECTRO-THERAPEUTICS OF THIS DISEASE.

(*Centralbl. f. d. Med. Wissensch.*, No. 17, 1874).

For some time Drosdorf has had occasion to observe at Prof. Botkin's clinic (St. Petersburg) the following peculiar phenomenon in acute articular rheumatism: The sensibility to the electric current is reduced very decidedly in this disease, although the pain produced by moving or pressing upon the inflamed joints is quite considerable. This fact appears to overthrow the hypothesis of physiologists that all impressions are perceived by one apparatus. This observation induced the author to study the changes in the tactile and thermic senses as well as the sense of pressure and pain in affected joints, noting at the same time the altered electro-cutaneous sensibility, and the influence of faradization on the temperature of the joints.

For the latter purpose the author employed the apparatus of Du Bois Reymond, with 10,229 turns on the

secondary coil with a Grove's element. One electrode consisted of a round copper disc of one and one-half inches diameter, the other a copper cylinder of somewhat smaller diameter, with sponge attached. The electrodes were moistened with a solution of common salt, and pressed against the skin. Thereupon the distance between the primary and secondary spiral was noted, giving the minimum (very weak current) and the maximum (pain). The faradization was continued for five minutes.

The tactile sense was determined by means of a pair of compasses after Weber's method, while the sense of pressure was studied by means of weights. In order to investigate the sense of temperature, the author placed upon the joint two metal discs previously dipped into water of different temperatures, ascertained with a centigrade thermometer. The temperature of the joints themselves was measured with a Geissler's thermometer, the reservoir of which consists of a narrow tube, bent on the horizontal plane and covered with a glass capsule, thus coming in contact with a larger surface than the ordinary instruments. The thermometer is slightly pressed against the skin, and in ten to fifteen minutes the mercury has attained its maximum height. In this manner Drosdorf examined several cases, and came to the following conclusions:

1. The sensation of pain consequent to the electric irritation is much reduced in the affected joints, sometimes even entirely gone, so that no pain is perceived when the coils are closely approximated, and by closure of the current numerous sparks are produced. At the same time pressure causes intense pain. The reduction of electro-cutaneous sensibility appears mostly proportional to the intensity of the disease and the pain produced by contact.

2. The diminution of electro-cutaneous sensibility is strictly limited; whenever a joint is affected only in part, the corresponding surface only loses its sensibility to the current.

3. This limit is not gradual, but abrupt.

4. This diminution of electro-cutaneous sensibility sometimes precedes the pain by two or three days, occasionally remaining after the latter has passed away.

5. If the electro-cutaneous sensibility has not yet become normal, the disease, though apparently cured, threatens to return.

6. Synchronously with this alteration, the sense of pressure is reduced, so that a weight of twenty to thirty grammes (five to seven and a half drachms) may not be perceived.

7. The sense of temperature is rendered more acute; the patient can recognize easily a difference of but 0.2° to 0.5° C. (0.36° to 0.90° F.)

8. The tactile sense of the skin covering the joints is heightened. In one case the patient could perceive over the diseased vertebral joints a distance of 0.2 to 0.3 centimetres between the points of Weber's pair of compasses. Sometimes a perversion is noted, one point producing the impression of two.

9. The heightened tactile and thermic sense is reduced by five to ten minutes' faradization.

10. The cutaneous temperature is always higher by 2–3° C. than over the corresponding joints of the normal side.

11. This increase of temperature often precedes and sometimes outlasts the rheumatic pains.

12. After five to ten minutes' faradization, the temperature becomes normal or even lower.

13. The rheumatic pains, increased by pressure and motion are diminished by faradization, so that a most sensitive joint may then permit of active or passive exercise.

14. The abatement of both the rheumatic pains and the temperature persists for three, four, or even five hours after faradization, thereupon gradually returning to the former point. But the duration of the paroxysms, as well as their intensity, is reduced.

15. Although the rheumatic process may run a shorter course, or annoy the patient less under the influence of faradization, still relapses occurred in one case, but the attacks became shorter in duration and less intense.

From all this it can be concluded that faradization for five to ten minutes daily will reduce the intensity of articular rheumatism, bring back the sensibility to the normal point, and lower the temperature of the affected joints. Some of the patients received no other treatment, and still recovered rapidly.

ARSENIC IN HEART DISEASE.

Le Mouvement Medicale, of March 13th, 1875, contains an article by Dr. L. Bonyer, according to which the therapeutic application of arsenic would be vastly increased, as he claims to cure, by means of the same, organic lesions of the heart, which so far we have only been able to palliate symptomatically with digitalis, almost our only medicament in this affection. The latter, generally efficacious in the primary functional disturbances of the circulation, is, according to universal experience, inert, if not harmful, in the latter stage, as it favors the stasis of blood, and hence the serous exudations. In fact, the action of digitalis is purely functional.

Arsenic, however, as Dr. Bonyer claims, does not only regulate the cardiac action, but also influences the anatomical changes; its effects on muscular and fibrous tissues are sufficiently demonstrated in rheumatism and gout. He administers the remedy in the form of "arsenical milk," a composition obtained by the action of arsenic (arsenious?) acid on the salts contained in whey. His usual dose is half a teaspoonful of the powdered arsenical milk, corresponding to about one centigramme (1–7 gr.) of arseniates. This he gives morning and evening, with eight to ten drops of tr. digitalis. From a number of cases, showing the palliative, if not curative effects of the agent, we select the following:

In the case of a man, æt. 50 years, affected with lesion of the aortic valves, the murmurs have disappeared after one month's treatment. In another remarkable case of a man of 45 years, with obstruction of the aortic valves, the existing cyanosis, dyspnœa, ascites, palpitation, and hematysis, have entirely disappeared after three months' treatment, an augmented impulse being now the only symptom. —*Allg. Wiener Med. Zeit.*, No. 13, 1875.

Editorial Department.

AMERICAN MEDICAL ASSOCIATION.

THE Twenty-Sixth Annual Meeting of this Association, was held in Louisville, Ky., commencing on the morning of May 4th, 1875, and ending at noon on the 7th. There was present a more general representation of the profession in all parts of the country, than for several years before. The whole number was not less than five hundred, embracing in the list many of the oldest and most distinguished members of the profession in this country. Dr. Botsford, of New Brunswick, president of the Canadian Medical Association, was also present, and occupied a seat on the platform.

The arrangements for the general meetings were good; those for the sections better than in some former years, but not as perfect as they should be. On the whole, however, the necessary arrangements for the working of the Association were good, and the meeting throughout was characterized by good order, cordiality of feeling, and faithful devotion to business.

The number and character of the papers read and discussed in the several sections, were better than the average of former years, while the addresses of Drs. Austin Flint, S. M. Moore, Wm. H. Byford, and H. J. Bowditch, as presidents of the several sections, and the volunteer paper of Dr. Gross, all read in the general sessions of the Association, were full of interest and instruction. Outside of the proper business of the Association, the social reception at the Galt House, and the numerous entertainments furnished by the profession and citizens of Louisville, were most ample in number, and elegant in character. The absence of intoxicating beverages from nearly all the receptions and entertainments provided, was noted with pleasure, and most highly approved by all present.

The address of Dr. Wm. K. Bowling, of Nashville, as president of the Association, was excellent in matter, and appropriate in style, and was listened to with great interest.

He recalled the original objects for which the Association was organized, noted the progress thus far made, the obstacles to be overcome, and the most efficient means for their removal.

We especially call the attention of our readers to the following, which constituted the closing part of his address:

"The question returns to us—What can the Association now do, in its early manhood, honestly, toward redeeming implied pledges in its infancy? Much, if it have nerve or backbone; nothing, if these be absent! The plan is simple, as all plans are that succeed. Logic and truth are simple, but without nerve the whole moral world is like an empty

sack, utterly incapable of standing erect. The barrier to success has been removed by the abolition of school representation, as such, and reducing the whole body to "lay" members. It was to secure the success of the plan to be proposed, to elevate the standard of medical education, that the resolution was introduced at Nashville in 1857, to remove the schools from the Association.

"In the arbitrary numbering of the objects for the promotion of which this body was created, that of number eight is declared to be 'To take cognizance of the common interest of the medical profession in every part of the United States.' A very comprehensive power, assumed in the beginning, and never denied in all these years, will not be questioned now, when the moral frown of the Association would be fatal to whoever, or whatever, connected with medicine, should oppose the grand and benevolent objects that lie at its foundation. In taking cognizance of the common interest of the medical profession in every part of the United States, it must go back upon itself, and acknowledge its recreancy to the high objects of the fathers, who wore away their lives in an unswerving devotion to it, not to exercise the sum total of its legal and moral force in securing a higher standard of medical education in this country than existed at the time of its inauguration.

"Therefore, let it be solemnly resolved by this meeting, that it shall be regarded as derogatory to the character of any physician, in any part of the United States, to take under his care, as a student of medicine, any one who cannot exhibit evidence of having taken a degree in a regularly chartered college, or a certificate of qualifications necessary to become a student of medicine, from a board of examiners appointed for that purpose by the American Medical Association. This will do the work.

"Territories and new States, in a country like ours, in a formative state, will provide themselves with medical helps in the mode we have described, which, existing outside of this body, and independent of it, will occasion it no concern whatever; nor would the schools suffer pecuniary loss under this rule. When it was generally known, as it soon would be, young men desiring to enter the profession would earnestly devote themselves to the duties of preparation, nor relax their efforts till possessed of the degree or the certificate.

"Again, many educated young men under this rule, would turn their attention to medicine, whose votaries were to consist of their peers, who, under the existing rule, would not risk its leveling influences. Let the doctorate imply something more than 'two full courses of lectures, the last of which in this institution.' Besides, it would give the college an ample excuse for not receiving every uneducated lazy dolt who desired to make a living under false pretences.

"There is nothing really binding in the rule suggested. The only power in the matter is, the great moral weight of the Association. It enacts nothing, but simply asserts what every member of it knows to be right. After a few years, such a certificate of the examining board, or evidence of a college degree, might be declared necessary in order to enable an applicant for membership in this body to

secure admission; for surely it is the common privilege of all organizations to judge of the qualifications of their own members. Then will the certificate of membership here pass the holder anywhere as a gentleman and scholar.

"It is precisely in this way that the medical department of the army and navy are purified. The adoption of this addition to the code of ethics, would furnish medical gentlemen an excuse for getting rid of applicants for office study, whose preliminary education they know to be defective, and whose relations they would dislike to offend by saying so.

"Neither would this rule exclude any one from being a doctor. In a vigorous republic there will always spring up men who, by genius and long self-training, literally hew their way to greatness in all of the professions, while many more will pass through colleges, winning all their honors, to shrink into insignificance, and pass through the world unknowing and unknown. For the former heaven has made ample provisions, and stamped them as the nobility of nature, whom this body can neither depress nor elevate—nay, nor could an association of angels.

"Under the old plan, as under the new, the schools must furnish the Association with delegates; but under the new the delegate was passed upon and accepted before he was medically born. In this latter case the association begins *de novo*, with the beginning. It is present at both ends of the line. In the former case it proposed to arrange the plumage of another party's chicken, to groom the steed of another. The proposition was arrogant, and excited opposition and clamor. The chicken from the prairie and the steed from the desert, captured by the schools, were theirs, and they naturally threw about them the ægis of protection. Examining boards, after two courses of lectures, were boards born out of time, and their tender mercy to the callow brood was not to be trusted and the preposterous suggestion was scouted. The new plan is a medical sandwich. The schools are a slice of ham between an upper and lower layer of association bread. It must be clear to every thinking mind that the plan, while eminently just and proper, places medical education in the United States where it ought to be, with everything else pertaining to the profession, in the power of the American Medical Association. Medical education, *per se*, will take care of itself, the emulation of the schools being altogether sufficient for the maintenance of its great interest. It is the preliminary education of those who would enter the profession that must be looked to. It must be everywhere known that no medical college, nor any other contrivance short of the fiat of the Almighty, can make a physician out of an uneducated man, that medicine is the cap-sheaf of all knowledge, and the belief that prevails that it can exist in the absence of its legitimate supports is only equaled by that which "materializes" the spirits of the departed before the resurrection.

"God opened the Red Sea to the leader who was skilled in all the learning of the most learned people in existence. The greatest body of water is the lowest, and the foundation of the redemption of the world was confided to the lowly, still, when the glad tidings were to be carried to the

learned nations, a profound logician and a philosopher received the appointment; and all, and therefore the greatest, of theological upheavals that have since convulsed the world trace their origin to brains of the most elaborate culture. The god-like Clay, in his speech to his old neighbors, upon retiring from the Senate of the United States, among the obstructions in the path of his early life, alludes feelingly to his 'imperfect education.' Drake, on whose triumphant theatre we are, and whose mighty spirit hovers about it like the aroma of the broken vase, would not go to Europe in his old age, being ashamed of his want of knowledge; and he, whose great soul conceived and planned this organization, and whose eloquent pleadings have held it to its moorings, amid storm and sunshine, through a generation, in a heroic struggle to secure a higher educational plane for his beloved profession, declared that a defective early training had met and abashed him at every turn in his professional life."

ASSOCIATION OF AMERICAN MEDICAL EDITORS.

THE seventh anniversary meeting of this organization was held in the parlor of the Galt House, Louisville, Ky., on the evening of May 3d, 1875. There were present Dr. W. S. Edgar, of the *St. Louis Medical and Surgical Journal;* Dr. W. K. Bowling, of the *Nashville Journal of Medicine;* Drs. L. P. and D. W. Yandell, and T. Parvin, of the *American Practitioner;* Dr. A. N. Bell, of the *Sanitarian;* Dr. H. C. Wood, of the *Philadelphia Medical Times;* Dr. N. S. Davis, of the MEDICAL EXAMINER; Dr. Culbertson, of Cincinnati, and Dr. Bixbey, of Boston.

The meeting was called to order by the President, Dr. W. S. Edgar, of St. Louis, who read an interesting address, criticizing the present system of medical education, advocating the adoption of measures to insure a better preliminary education on the part of young men before entering upon the study of medicine, and the establishment of boards in each State to examine and license men to practice, independent of the schools or of the college diploma. The subjects embraced in the address were discussed by nearly all the members present. The following officers were elected for the ensuing year:

President, Dr. A. N. Bell, of Brooklyn, N. Y.; Vice-President, Dr. H. C. Wood, of Philadelphia; Secretary, Dr. F. H. Davis, of Chicago.

The Association adjourned to meet on Monday evening preceding the first Tuesday in June, 1876, in Philadelphia.

Gleanings from Our Exchanges.

CORRESPONDENCE.

London Correspondence in American Medical Weekly, April 24, 1875.

PROFESSOR LISTER, of Edinburgh, is now publishing the results of his more recent experiences of antiseptic surgery. In spite, however, of his powerful advocacy in favor of the methodical use of antiseptic liquids in the treatment of compound fractures, etc., it is frequently demonstrated by comparative experiments that his treatment possesses little more superiority over the old and despised cold water dressing. The secret of Lister's success as a surgeon probably lies in the manipulative care and cleanliness which he practices and teaches. Next week he starts on a visit to those German and French hospitals where his method is in vogue.

A curious case of congenital skin pigmentation in a woman is reported in a foreign contemporary. On various parts of the trunk of the patient there are patches, varying in size, of a perfectly milk-white color, while the face is marked in different parts with black spots. There is no history of illness at any time, and the functions of the body are perfectly healthy and natural. The father of the woman alleges that she was born in the condition described. It must be conceded to be a very rare case, the like of which has not, as far as I am aware, been recorded in any book.

The Obstetrical Society of London will shortly commence a discussion on the relation of puerperal fever to the infective diseases and pyæmia, and especially the relation of bacteria to the pyæmic process in puerperal fever. The mortality from this fever has of late been quite excessive in this country, and if the Society will demonstrate the utility of some curative measure in its treatment, they will be doing a great service to the large body of general practitioners.

Some few years ago the administration of digitalis in typhoid fever was strongly advocated and praised, although no more cogent argument in favor of its use than that it lowered the temperature of the body, was put forward. The practice did not gain much favor when it was fairly tried, and it soon fell into desuetude. I now learn that an attempt is made to resuscitate the practice. The drug is given alone and in very large doses.

A few evenings ago a hospital surgeon described at one of the societies the cure of a pulsating tumor of the orbit (left) depending on a fracture of the base of the skull. It is some time since a case of intra-orbital aneurism has been recorded. The patient in question had a loud bruit. In the first instance compression, digital and instrumental, was perseveringly tried, but without effect. A weak solution of the perchloride of iron was then injected into the ophthalmic vein. No good result accruing, the common carotid artery was dissected out and ligatured. The man recovered quickly.

Dr. B. W. Richardson delivered a lecture last week on the causation of fever by septinous poison. He demonstrated that the secretion in the peritoneum of a patient under pyæmia was directly poisonous to the lower animals by inoculation, and that the poisonous matter could be made to combine with acids, so as to form a salt which retained the noxious qualities of the mother liquor. By a series of simple experiments he showed that the septinous poisons in the varied

forms of vaccine, purulent discharge, decomposing blood, and the like, possess one and all the properties of liberating oxygen in the form of peroxide. He showed that in blood which had been rendered arterial, the oxygen is readily liberated in the presence of these disturbing causes, and that with the liberation there is a rise of temperature. In the process of liberating the oxygen, however, the liberating organic agent is itself destroyed, so that a relay of it is necessary in order to keep up the action. The theory advanced by Dr. Richardson as to the origin of fever during the presence of the septinous poisons in the body is that, absorbed in the blood, they set free an excess of oxygen until they are themselves destroyed. Then the fever remits until there is local formation of a new charge of poisonous matter and renewed absorption. The bearing of this theory on contagious fever, in all its forms, was considered with great care, and numerous clinical and therapeutical facts were cited in support of the theory, which is at present claimed to be nothing more. It is well known that Dr. Richardson has been working for years on this subject.

That bromide of potassium produces in some constitutions erythematous and acneform eruptions is tolerably well known. The eruption, as a rule, subsides on the discontinuance of the bromide. One or two cases, however, have lately been observed in which the eruption was very intractable and painful.

Araroba powder, made into an ointment, is getting into repute in the treatment of ringworm and other allied affections. It is also medicinally active, and promises to become popular as a purgative.

The great scheme of having one portal of admission into the ranks of the profession in this country has again been swamped in consequence of the disagreement of rival colleges and corporations. It has been in progress for the last five years, and after absorbing much time and attention in arranging preliminary matters, seems likely to end in smoke. Many persons pray that the government will now take the subject in hand and formulate a scheme of its own, utterly ignoring the nineteen licensing bodies that at present exist. The bitterness and animosities which the whole thing has caused are very great.

DERMATOLOGICAL.

N. Y. Correspondence in American Medical Weekly, May 1, 1875.

TWO suggestive papers in the department of Dermatology, have recently been presented for the consideration of the societies. The first was read before the Medical Library and Journal Association, by Dr. R. W. Taylor, to the style and scholarship of whose monograph on Syphilitic Lesions of the Osseous System in Infants, the reviewer of the *American Medical Weekly* lately took exception. This subject was the "Ætiology of Infantile Eczema;" and in the outset, he said that he did not wish to state any point dogmatically, but simply to give the results of some of his clinical studies. He alluded to the rheumatic and scrofulous diatheses, but excluded the former from the present consideration, on the ground that rheumatism occurs so rarely in the infant; and when it does, has no appreciable influence on the skin. After some remarks on the characteristics of scrofula, he considered the relation between that affection and eczema. Scrofula engrafts a tendency to inflammation on the skin and mucous membrane, but there is nothing specific about it. Eczema

bears the same relation to it as a bronchial or intestinal catarrh for instance. It has, however, an exciting cause also. This is usually only a small furuncle or other insignificant local irritation. The scrofulous form of eczema generally invades extensive surfaces, and is deep-seated, rebellious to treatment, and subject to relapse. Is eczema hereditary—there being no other deviation from normal health in the economy? Hebra answers this question in the negative, and Tilbury Fox in the affirmative. Dr. Taylor agreed with the latter, and showed that icthyosis, xeroderma, nævi, etc., were transmitted in the same way. The explanation of this heredity is, that one portion of the organism alone is stamped with a deviation from the normal condition, and not the whole system. There is, therefore, no proper eczematous diathesis, though a predisposition to cutaneous inflammation is often transmitted from parents to child. He then spoke of the relation between an eczema and other skin diseases in children. The debility following the exanthemata, particularly measles and scarlatina, is especially favorable to eczema, as well as to nasal catarrh, and other evidences of depressed vitality. Any inflammation of the skin predisposes the heart to the same or similar attacks in the future; owing to the impressions made on the blood-vessels, nerves, etc. Vaccination and other local irritations induce a local tendency to inflammation. Sometimes, however, this tendency affects the whole integumentary surface, though the attack is generally most severe at the point of irritation. Finally, the violence and duration of the first local affection have a direct influence on the severity of subsequent attacks. Eczema then, has a local origin in children, but it does not begin spontaneously. It is due primarily to some irritation, and is modified by the scrofulous diathesis, or some of the other conditions alluded to. The frequency of eczema about the head shows this. Among the local exciting causes may be mentioned, the too vigorous use of soap and water, sebaceous accumulations on the head from neglect of cleanliness, pediculi, furuncles, irritating discharges from the eyes, nose or mouth, rough woolen clothing, and the direct action of cold air. Dr. Weisse considered xeroderma, icthyosis and eczema, all manifestations of one tendency, all being found in tissues of very low vitality, and called attention to the influence of dentition in producing eczema. Dr. Taylor explained that he had purposely omitted to speak of such reflex influences as dentition, so as to make his argument as simple as possible.

The second paper to which we have alluded, was on the Relation between the Urine and the Diseases of the Skin, and was read before the Academy of Medicine by Dr. Bulkley, editor of the new *Dermatological Journal*. This subject, he said, was almost totally ignored in the systematic treatise on diseases of the skin, and he had therefore been trying to make some researches in it. Since 1867, he had made 535 analyses of the urine from those suffering from skin affections; but it was only quite recently that he had begun to appreciate the importance of studying the state of the blood, as evidenced by the kidneys, in this class of diseases. He first spoke of the condition of the urine in the exanthemata, particularly erysipelas, scarlatina, measles, and smallpox, and then showed that in urticaria, which seems to have a direct relation to jaundice and rheumatism, there is a deficiency in urates and uric acid. Colchicum restores these, and therefore cures the disease. In erythema, which is also associated with rheumatism, the urine shows the allied condition of lithæmia to be present. Dr. Bulkley has examined the urine of eighty-two persons suffering from eczema, reaching 113 analyses in all, and in not one instance did he find it normal. Two classes of changes were noted: (1) Those denoting acid digestion, the oxalate of lime, etc., being found. (2) Those typical of chronic lithæmia,

there being an accumulation of uric or lithic acid, or both.

The specific gravity was usually higher than normal, and the urine was always acid when passed. Albumen was but rarely found. He made twenty-four analyses of the urine of eight persons suffering from psoriasis (which is even more intimately associated with gout), and always found hyper-acidity and oxalate of lime. He also gave the results of his analyses in acne, pruritus and xeroderma, but we have not space for them. In conclusion, he hoped that he had said enough to show that the consideration of the condition of the urine was an important element in the study of dermatology. He thought the German school had done harm by teaching us to disregard the internal condition. Systemic disturbances are almost always present, and it is our duty to correct these, if possible; the examination of the urine affording many valuable hints for therapeutics. The nerve origin of many skin diseases, is entirely compatible with this view of the urinary derangements found in them, and can be readily explained through the medium of the circulation.

DISCUSSION OF TUMORS BY ELECTRICITY.

From the Clinic, May 1, 1875.

IN the discussion of tumors, this agent may be employed in two or three ways, but always with the continuous current. It is most effective when the mass is benign, as in pelvic cellulitis, cystic or orchitic enlargements of the testicles or in goitre—these affections having all been successfully treated by electricity. Where the tumor is of a malignant nature, long continued treatment is frequently as efficacious as any form of surgical interference, and may be thoroughly relied upon to arrest development. In these cases, however, there is scarcely anything known, and time may or may not demonstrate the value of electricity over the methods of treatment now in vogue.

Within the past three months, several fibroids have been submitted to treatment by galvanism, with highly encouraging results. I have long been doubtful of the necessity of introducing needles into such tumors, and attempting dissolution of the mass by powerful galvanic currents employed in this way, since the great density of the tissues precludes more than a small portion thereof being affected at once, and since, in my hands at least, abscesses have formed between the needles as the sole effect of such treatment. Two fibroids have been treated ineffectually by galvano-puncture, which afterward yielded to and were removed by the process I am about to refer to, which may be called external electrolysis. One other, which was transferred to my charge seven weeks since by Dr. Clarence T. Gardner, an old anæmic uterine interstitial, almost as hard as bone, has, in that time, been reduced more than one-third by actual measurement, and the patient otherwise improved in health. The mode of application in this case will serve to illustrate the process usually adopted. An uterine electrode, carefully insulated up to within one and a half inches of a bulbous point, is introduced into the uterus as far as possible, and connected with the negative pole of an intensity galvanic battery. The positive pole is attached to a sponge-covered disk, which is placed under the sacrum, and a current

strong enough to produce a distinct pricking sensation, passed between them for at least thirty minutes, daily. When the negative pole is withdrawn from the cavity of the uterus, it is always thickly coated with oxide, which is harmless, the metal employed being iron. The result is slow chemical decomposition of the fibroid and energetic stimulation of the absorbents, whereby the mass is gradually renewed. It is true that the process is long and slow; but, in the great majority of cases, patients prefer this to the more rapid action of the needles, even were such action effectual, which I doubt. In the case referred to, no other operative interference is possible, save the hypodermic use of ergotin; and even the most enthusiastic supporters of that plan of treatment, confess its barrenness of result, when the tumor is not partially, at least, myomatous. In fact, the employment of galvano-puncture in solid masses like old fibroids, or indeed, in enlargements of any kind, where the texture of tissue is extremely dense, is to be avoided as worse than useless, and as capable of doing great harm. If any good can be attained at all by the action of galvanism in these tumors, it will be best attained, I believe, by the plan just described, which is absolutely harmless, painless, and usually beneficial to general health.

It is only where the substance of the mass is partly or wholly fluid, that galvano-puncture is permissible, and where its effects are so brilliant in curative result as published records show. In hard tumors, where time is an object, I am of opinion that the knife operation is better than any plan yet proposed; but to many, especially to delicate women of strong nervous temperament, the idea of cutting is so repugnant, that they are willing to submit to external electrolysis for any length of time, provided a favorable result may finally be reached; and this has been done in at least three cases.—*The Present Status of Electricity:* Wm. F. Hutchinson, M.D.

CHANGES IN THE NEW YORK SCHOOLS.

New York Correspondence of Boston Medical and Surgical Journal, April 29th, 1875.

BY a resolution recently passed by the Commissioners of Charities and Correction, the medical board of Bellevue Hospital has again been changed, and the resolution passed last July rescinded. In order to understand clearly the position of affairs, an account of the old service, and the connection of Bellevue College with the hospital, will be necessary. When Bellevue Hospital Medical College was organized, in 1861, most of the gentlemen of the attending staff, who were not connected with any school, became members of its faculty. This gave the new school a very large representation in the medical board, which it has never lost. In June last, of the eighteen members of the attending staff, Bellevue had ten, the University two, the College of Physicians and Surgeons three, and the outside profession three. In July last, through the influence of three or four medical gentlemen, who were hostile to Bellevue, and were acting in the interest of the University and the Twenty-third Street Medical School, the Commissioners passed a resolution reorganizing the medical board of the hospital, and dividing the service into four equal sections, giving one to each of the colleges and one to the outside profession, making the board to consist of sixteen members. It was also ordered that any vacancy occurring in any division should be filled by and from the class in which the va-

cancy occurred. This retired six Bellevue men, the loss of whom crippled that school very much, as its course of instruction has always been more clinical, and less didactic, than that of either of the other schools. It was evident that the aggrieved party only wanted the power and the fight would be renewed. This came sooner than any one expected. In January last the old board of commissioners was removed, and a new one appointed by the political party in power. The result has been that the new board, through strictly political influence, has been won over to the Bellevue College interest. To bring about this, the Governor of the State is said to have come down from Albany, with the result of putting back all the old staff, by increasing the medical board to twenty-four members in accordance with a resolution passed March 11th. Immediately on this change being ordered, one of the attending staff, not connected with any college, resigned his position, stating to the commissioners that as they had broken faith with the profession he declined to hold any position in either of their hospitals. It is rumored that changes are to be made in the medical board of Charity Hospital, in the interest of the same school. Already certain political magnates have stated that certain of their friends must go on the board.

There is an unfortunate rivalry among the medical colleges here, which is getting more and more bitter, the end of which no one can foresee; but it is certain that no real good can result from political wire-pulling, either to the colleges themselves, or to those who have been active in using political influence to bring about very questionable changes.

By the death of Dr. Delafield, the College of Physicians and Surgeons lose their president. The election of Dr. Alonzo Clark to that position would no doubt be very acceptable to the profession, but there is no one to fill his place as professor of theory and practice. The late Dr. Anstie, of London, was offered the place, but he felt compelled to decline on account of family ties. I have heard the names of Dr. Willard Parker and Dr. Buck mentioned in connection with the presidency, but it is only a rumor, and I give it for what it is worth.

The resignation by Dr. F. H. Hamilton of the position of Professor of Surgery in Bellevue College was a surprise to the profession at large. He will be a great loss, as he was considered one of their ablest instructors. The cause of his withdrawal is the same that compelled Dr. Hammond, a year ago, to sever his connection with that college — misunderstanding with the ruling power in the faculty. It is understood that Dr. W. H. Van Buren will fill his place next winter. It is rumored that changes may take place in the other medical schools.

INTESTINAL GASES. — Dr. Leven read before a recent meeting of the Society of Biology a communication regarding the gases contained during digestion in the stomach and small intestine. Physiologists have asserted that these gases consist partly of air that has been swallowed with the food, and partly of gases from the blood which have been evolved in the stomach, or in connection with the various chemical processes that accompany the digestive catalysis. Dr. Leven does not, however, share in this opinion, since, as he claims, it precludes the proper investigation of the nature and quantity of intestinal gases.

These gases are always constituted of oxygen, nitrogen and carbonic acid. The nitrogen is constant in its presence, and forms, so to speak, the base. Its most frequent appearance is in the form of a mixture with oxygen, or carbonic acid, yet very often it

is found alone, whereas this is never the case with either of the other gases.

Their quantity is almost always invariable whatever may be the food to which the animal may be restricted, whether it is given the most indigestible or the most simple and readily assimilated.

When a dog is given a quantity of fat and cabbage, his stomach and small intestine become reddened, swollen, and eccymotic, but the quantity of gas in the alimentary track is never very considerable in its amount.

Moreover, Dr. Leven denies that there is any relation between the manner of alimentation and the production of gases; the distension and meteorism are caused, he thinks, by a paralysis of the muscular fibres.

To these opinions several members offered objections, but the discussion was deferred until the completion of further experimentation.

Still more recently, it has been announced by M. Bert in the course of these experiments, MM. Planer and Chevreal have discovered the presence of other gases than those named by Dr. Leven, among others, carburets of hydrogen.

At the following meeting, however, Dr. Leven continued his communications upon this subject, by stating that he did not stand alone in having failed to meet with hydrogen and the proto-carburet of hydrogen in the course of his investigations. Other observers than himself had never found them. He also called attention to the fact that if these intestinal gases arise from fermentation of food in the small intestine, these gases should be most abundant during digestion; but the contrary is the case, and it is especially when the animal is fasting that their existence is manifest.—*Progres Medical*, Nos. 7, 8 and 9, 1875. F. J. H.

THORACENTESIS IN PNEUMO-THORAX.—The third lecture in the series of clinical lectures, edited by Dr. Seguin, is by Professor Flint, and is entitled "Pneumo-thorax." As there can be no higher authority in all that relates to lung-trouble than the distinguished professor at Bellevue, we quote his remarks on Thoracentesis: "If the pleural cavity become filled after pneumo-thorax has been known to exist, I would not resort to aspiration so long as the quantity of liquid was not large enough to occasion suffering from dyspnœa; that is, assuming that the liquid is not pus, and this is readily ascertained by exploring with the hypodermic syringe; but if there be sufficient dilatation of the chest to occasion dyspnœa, I would withdraw a certain quantity of the liquid, enough to relieve dyspnœa, leaving sufficient to secure the possible advantage of compression; and the withdrawal of liquid within this limit may be repeated *pro re nata*."

Professor Flint gives it as his opinion that the liquid should be withdrawn from the chest always by means of either a canula or catheter. "Puncturing the chest to give exit either to air or air and liquid whenever the suffering from dyspnœa, due to dilatation, is great, is undoubtedly judicious as a merely palliative measure. This I have done repeatedly. But the inquiry has arisen in my mind whether it may not be possible in some rare cases to accomplish something beyond a temporary relief by making a free opening into the chest, as in cases of pneumo-thorax incident to empyema. Let us suppose a case of pneumo-thorax from the bursting of a tuberculous cavity, the amount of phthisis small, the disease non-progressive, and all the circumstances favorable for arrest and recovery, aside from the perforation of lung. There are such cases, albeit they are infrequent. May we not hope that by a free incision, the cure of pneumo-thorax is possible in these cases? The answer to this question must be based on clinical facts which are yet to be acquired. Meanwhile, I can see no objection to making trial of this measure. Pneumo-thorax occurring as a complication of phthisis, is almost hopeless. In the majority of cases, this complication de-

stroys life within a short period. We may say that the prognosis involves only a question of tolerance. It is probable that a free opening into the chest will not shorten the duration of life, and it certainly affords great relief. It is therefore warrantable."—*Am. Practitioner.*

THE NATURE OF CHRONIC ALOPECIA.—Dr. J. Pincus (*Berliner Klin. Wochen.*, February 1) says that nineteen out of every twenty cases of baldness are due to the disease known as alopecia furfuracea, or calvities senilis and prematura.

Two views of the pathology of this disease have been held: one ascribing the accompanying atrophy of the cutis to a primary wasting away of the vessels; the other, to an atrophy of the peripheric nerve-fibres. Dr. Pincus believes that a condensation of the connective tissue of the lower layers of the cutis takes place in the earlier stage of the disease, accompanied by a loss of typical length on the part of the hairs, but not in their diameter. At the same time certain alterations take place in the amount and character of the glandular secretion, possibly depending upon the irritation of the condensing connective tissue surrounding them.

In the second stage, the hairs become thin, and this is particularly noticeable in the thickest and woolly hairs, whose roots are situated deeply among the condensing tissue. In the first stage of the affection, the whole head is equally affected, and the hair becomes equally thinned throughout. In the second stage, it is the vertex and forehead which are most severely affected, and while the sides remain stationary, the disease-process goes on in these localities. By the slow and gradual destruction of the nerve-fibres by the condensing connective tissue, the relative sensibility of the skin is much diminished in the affected parts, but without pain.

In the earlier stages of the disease, Dr. Pincus recommends the use of a solution of caustic potassa or soda, one part to two hundred and fifty or five hundred of water, or sodii carbonas, four parts to one hundred to two hundred, or sodii bicarb., four parts to fifty to one hundred and fifty. Of these solutions, two or three tablespoonfuls are to be rubbed into the head for several minutes; at first daily, afterwards oftener. Unfortunately, the prolonged use of this remedy, although of great service, yet has the drawback that it discolors the hair. If it is wished to avoid this, a solution of iodide of potassium, one or two parts to one hundred, will act favorably, though not so rapidly as the former.

In the latter stages, Dr. Pincus uses stronger solutions of these alkalies, with a very weak solution of corrosive sublimate, one part to seven thousand five hundred. He has used all the various irritating and astringent washes, oils, and pomades, without success.—*Phil. Times*, April 24, 1875.

INTERNATIONAL MEDICAL CONGRESS.—Arrangements have been made to hold an International Medical Congress early in September, 1876, in Philadelphia, at which discourses will be read upon Medicine and Medical Progress in the United States; on Surgery; Obstetrics; Chemistry and Pharmacy; Materia Medica; Medical Jurisprudence and Toxicology; Hygiene and Social Science; Medical Biography; Medical Education and Institutions; and Medical Literature. The morning sessions will be devoted to general business and reading these discourses, while the afternoon sessions will be devoted to sections on Medicine, on Surgery and Anatomy, on Obstetrics, on Chemistry, Materia Medica, Hygiene, and Medical Jurisprudence, and on Ophthalmology and Otology. This congress will consist of delegates, native and foreign, representing the American Medical Association, the various State medical societies, and the medical societies of Europe, Mexico, the British Dominions, Central and South America, the Sandwich Is-

lands, the East and West Indies, China, and Japan. The congress is to be organized by the election of a president, thirteen vice-presidents, seven of whom shall be natives and six foreigners, a recording secretary, two corresponding secretaries, a treasurer, an executive committee, and a committee on publication. It has been agreed that no vote shall be taken during the sittings of the congress upon any topic discussed or address delivered. The preparation of these discourses has been entrusted to able hands, and it is intended to publish them in an appropriate volume commemorative of the occasion. For the purpose of carrying out these arrangements, a Centennial Medical Commission of Philadelphia has now been fully organized. The president of this commission is Dr. S. D. Gross, and the vice-presidents Drs. Ruschenberger and Stille.—*Boston Med. and Surg. Journal.*

A NEW WAY OF OPERATING ON THE LARYNX.—The *Medical Times and Gazette* gives an account of a new method of operating on the larynx, which has been devised by Dr. A. Eysell, of Halle. Every laryngoscopist, he says, must be aware how difficult it is to reach a tumor growing in the lower part of the larynx, which is not movable enough to be driven above the level of the vocal cords by forced expiration. He has, however, succeeded in removing them by the following method: Whilst observing the larynx by means of the laryngoscope, an exceedingly elastic needle is passed through the skin and crico-thyroid membrane, into the larynx, exactly in the median line, and immediately beneath the thyroid cartilage. The needle is then made to transfix the tumor, and by depressing its handle the latter is forced up into the ventricle of the larynx. No hæmorrhage takes place, the only pain felt is during the transfixion of the skin, and no local mischief has followed even frequently repeated operations. If it be intended to cauterize or tear away the tumor, the patient is directed to hold the mirror, or better still, the needle; and in this way Dr. Eysell has succeeded in removing fibromas from the lower part of the laryngeal cavity. He afterwards attempted to operate on tumors, with the needle itself, which could not conveniently be attacked through the mouth, and for this purpose he employed the needle used by Schwartz for performing paracentesis of the tympanum; but even this ought to be gently heated before use, in order to make it more pliable. It was passed, as before, into the larynx, and several incisions or pricks made into the tumor, which was then lifted up and cauterized. In a case where the vocal cords were adherent to one another for their anterior two-thirds, as the result of a suicidal cut throat, which caused considerable shortness of breath on slight exertion, a narrow tenotome was passed through the scar, 0.5 centimetre broad, into the larynx. When the point appeared behind the triangular adhesion, the handle was firmly depressed, and by drawing the knife downward the cords were separated almost to their origins. In the same way, no doubt, injections might be practiced on laryngeal tumors, by the employment of a needle-pointed syringe. It may be impossible to perforate the thyroid cartilage in old people on account of calcification.—*The Doctor.*

HEAT AND HYDROPHOBIA. — The mysterious influence of the "dog-days" upon the canine race, is an opinion of the greatest antiquity, dating back, apparently, to Annubis, the dog form of the Egyptian Apollo, whose appearance in the heavens was a premonition of impending danger. It probably also had some connection with a festival of the Argives, marked by the destruction of many dogs. In the "Iliad," Homer mentions Orion's dog as affecting human health disastrously. Pausanius, in his "Travels in Greece," alluding to the story of Actæon's destruction by his own

hounds, was inclined to attribute the myth to the circumstance, that the season had caused the pack of the famous hunter to run mad. Pliny remarks, in his "Historia Naturalis," that canine madness is fatal to man during the heat of Sirius, and proves so in consequence of those who are bitten having a deadly horror of water. For such reason, during the thirty days that this star exerts its influence, we try to prevent the disease by mixing dung from the poultry yard with the dog's food, or else, if he is already attacked with the disease, by giving him hellebore." From the time of Pliny until quite recently, the development of rabies by summer heat has been accepted as a fact among scientific men, and the idea has become too deeply rooted in the popular mind to be easily eradicated. Only within the present century has it been proved conclusively by critical inquiry, that no season of the year is specially concerned in the production of this formidable affection. Hence the absurdity of legislative enactments designed as precautionary measures against hydrophobia, and operative only during the summer months. — DR. C. P. RUSSELL, *in Popular Science Monthly for December.*

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ter, Clinical Sphygmometry, we notice, however, that the researches and instrument of Marey, the practical founder of the science, are almost entirely ignored—certainly not from want of acquaintance with the literature of the French, as the bibliographical index at the end of each chapter shows the thorough command of the same. On the other hand, English, and perhaps also American, authorities receive less consideration than they deserve. To the other chapter—consisting of Auscultation and Percussion, Ophthalmoscopy, Microscopy, Urinalysis, Laryngoscopy, Anomalies of Speech, Otology, Electrology, Hygiene, and Toxicology—similar remarks are applicable. While the use of observations with the ophthalmoscope are very carefully treated, we find very little reference to its application in nervous diseases. The chapter on microscopy is written in such a concise and practical manner as to deserve special mention. The uses of electricity, etc., are also described in a similar manner. The department of anomalies of speech would undoubtedly be of particular interest to the American reader on account of its neglect in this country. In some parts of the work a little more conciseness might be desirable, as explanatory remarks occasionally seem to exceed their limits of space. This fault is less noticeable in parts written by the co-operators of the author.

But these defects are of such minor consideration that we state it as our opinion unhesitatingly that, notwithstanding our numerous *vade mecums* etc., a translation of this work would prove a highly valuable addition to American literature. H. G.

CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. Edited by H. von Ziemssen, Professor of Clinical Medicine in Munich, Bavaria. Vol. II.

After a little more delay than was anticipated, the second volume of this important work has made its appearance. In faithfulness of translation, and in typographical appearance, it fully sustains the character of the first volume, and is worthy of commendation. Like the first volume, it is devoted to the consideration of "Acute Infectious Diseases." Varicella, measles, rubeola, and scarlet fever are treated by Prof. Louis Thomas, of Leipzig; small-pox by Dr. Curschmann, of Berlin; erysipelas, miliary fever, dengue, influenza, and hay fever, by Dr. Zuelzer, of Berlin; malarial diseases by Prof. Hertz, of Amsterdam; epidemic cerebro-spinal meningitis by Prof. von Ziemssen, of Munich.

The reader will see that these subjects are among the most important that engage the attention of the practitioner, and they have received a very full and interesting consideration by the several authors. In the departments of history, ætiology, pathology and diagnosis, the work is particularly full and valuable.

In treatment we find nothing new; and yet the general summary in regard to the management of each disease is remarkably judicious, and free alike from the therapeutic skepticism that leads to doing nothing, and the theoretical zeal that demands over-medication.

If we felt disposed to criticize any part of this volume, it would be that relating to the treatment of epidemic cerebro-spinal meningitis.

We think Prof. von Ziemssen has not quite done full justice to this part of the subject. But our object is

merely to call the attention of our readers to the progress in the publication of this most valuable work.

Every practitioner who can afford the money will find this Cyclopædia of the Practice of Medicine one of the most valuable additions he can make to his library. The American edition is published by William Wood and Company, 27 Great Jones street, New York. N. S. D.

THE HISTORY OF THE PHILADELPHIA SCHOOL OF ANATOMY, AND ITS RELATIONS TO MEDICAL TEACHING. A Lecture, delivered March 1st, 1875, at its dissolution, by Wm. B. Keen, M.D., lecturer on Anatomy, etc, Philadelphia: J. B. Lippincott & Co., 1875.

This is a very well written and interesting lecture, well calculated to illustrate the importance of a thorough study of anatomy. It is in the form of a neatly printed pamphlet of thirty-two pages.

A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY. By Geo. M. Beard, M.D., etc., and A. D. Rockwell, M.D. New York: Wm. Wood & Co. Chicago: for sale by Jansen, McClurg & Co. Price, $6.25.

The authors of this work have expended a large amount of time and labor upon this second edition. It has been thoroughly revised and in great part re-written, as well as considerably enlarged. We cannot better indicate the character and extent of the revisions made than by quoting from the author's preface:

"A few weeks after the publication of the first edition of this work, in 1871, we were informed by the publishers that a new edition would be called for. From that time to the present moment much force has been expended on the thorough revision of the work in all its departments. As much time and toil, it is safe to say, have been given to this edition as to the first; and the work, as it now stands, represents our accumulated and thoroughly sifted experience from our entrance upon this specialty, as well as a full and exhaustive resume of all that has been accomplished by other authorities everywhere.

"The use of general faradization as a constitutional tonic in a wide variety of affections is now well established, and the effects that we have claimed for it have been confirmed in full detail by competent observers at home and abroad. This method of using electricity has also attained a wide popularity, and its introduction into therapeutics may be said to have marked a radical and important advance.

"The section on Electro-physics is much enlarged. Observation has convinced us that the one great defect in those who practice electro-therapeutics is ignorance of the physical relations of electricity. From this source flow at least half the blunders, discouragements, and ill-success that novices in this branch so painfully experience. The undulatory theory of the electrical force that is adopted in this edition is, so far as can now be seen, consistent and harmonious, and it explains better than any other theory the varied and complex phenomena of electro-physiology and electro-therapeutics.

"Electro-physiology is largely re-written and considerably enlarged. It includes a large number of our own experiments, mostly made during the ast three years, as well as a compact resume of all the more recent studies in this branch by European

and American observers. The general relation of electro-physiology to electro-therapeutics has been brought into prominence at every point.

"The method of *central galvanization* that we have systematized and introduced to the profession, since the publication of the first edition, is here described and illustrated in full detail. The great practical advantages of this method of galvanization over localized galvanization of the nerve-centres—and in many cases over general faradization — are already well understood by many of our leading electro-therapeutists.

"There are now introduced into science six methods of using electricity for the treatment of disease: localized faradization and localized galvanization, general faradization, central galvanization, and, in electro-surgery, electrolysis, and galvano-cautery.

"In the chapter on Apparatus we have endeavored to represent with fairness and impartiality the best workmanship and the most recent improvements. The fact of the superiority of continuous over separate-coil Faradic-machines in the treatment of sensitive patients is here for the first time brought out and emphasized.

"A new chapter on General Suggestions has been added, in which the attempt has been made to answer in detail the various practical queries that so annoy the beginner in electro-therapeutics.

"In the section on Electro-surgery the principles of galvano-cautery, of ordinary electrolysis, and of the method of electrolysis of the base have been described and illustrated, and in the clinical portions all varieties of results have been presented from a very large experience in this department, so that one may learn both what can be done and what cannot be done by electricity in surgical diseases.

"In the clinical part of electro-medicine a number of entirely new chapters have been added, and all of the chapters have been re-cast. The number of cases has been increased nearly twofold, the failures and successes being fairly represented.

"We may call especial mention to the chapters on Diseases of the Skin, wherein, besides many other cases, are detailed the remarkable results of central galvanization in chronic eczema and prurigo, and to the chapter on Diseases of Children, in which are recorded the results of experiments in the treatment of whooping-cough, marasmus, and debility, and also the fact of the remarkable tolerance of childhood to electricity. Since the publication of the first edition a number of excellent works on nervous diseases have appeared, and for that reason, as well as for lack of space, the systematic remarks on certain diseases have, in this edition, been mostly omitted, save some special points wherein our views differ from those generally adopted."

THE MAINTENANCE OF HEALTH. A medical work for lay readers. By J. Milner Fothergill, M.D. G. P. Putnam's Sons, New York.

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